

**CBS TO CAP-MR/DD TRANSITION
QUESTION AND ANSWER
May 19, 2006**

TOPIC	QUESTION	RESPONSE
CBS TO CAP TRANSITION PLANS	If someone has a March birthday and the "initial" or "transition" plan was completed and approved in April, with the effective date March 20, would there need to be a "roll-over plan" completed because of the March birthday or could this wait until the July 20 th full person centered plan is done? The July 20 plan would then carry the service needs on (and extend eligibility/funding to March 31) until the CNR is due in March 2007.	Individuals who have a birthday between the initial plan developed during the transition period and July 20 should move forward with completion of the full person centered Plan of Care as the CNR. For those individuals it would not be necessary to then do another plan by July 20 since they would then be on the CNR year schedule. It is understood that for those individuals who have a March, April or May birth month the plan may need additional revisions over time as the case manager becomes more familiar with the individual.
CBS TO CAP TRANSITION PLANS	If the case manager/treatment team submitted an Initial/transition Plan that went into detail on all areas of the Person Centered Plan template and no further services are being requested, is there a need to submit any documentation by July 20 th . If not, does the LME need to provide a letter documenting that Person Centered Planning documentation needs have been met?	Case managers were instructed to complete only an abbreviated plan for the transition from CBS to CAP. However, if the case manager/treatment team submitted a full person centered Plan of Care initially and no additional services are requested, there is no need for the plan to be resubmitted until the birth month. The LME should submit to the case manager documentation that no further action is required.
CBS TO CAP TRANSITION PLANS	For the July 20 th Person Centered Plan revision: What is the earliest that it can be submitted for approval? Is the effective date July 20 th , or 15 business days after July 20 th ? Do individuals with July birthdays need to submit a Person Centered Plan by July 20, if they have already submitted a full CNR by July 1 to the LME?	LMEs should establish their own timelines with their provider community as to when they expect plans to be submitted. However, LMEs should not expect plans to be submitted earlier than July 1. Although, the timeline for review by the LME is limited to 15 days, due to the volume of plans to be reviewed this time frame will be extended to 30 days. The effective dates for the plans/revisions will be Sept. 1, 2006. If an individual has a birthday in July and a full CNR has been submitted, there is no need to complete another plan for the July 20 date.

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CBS TO CAP TRANSITION PLANS	Will new MR2s be required for the 7/20/06 DD CBS transition/full plans of care?	No. New MR2s are completed during the CNR month. Remember that the full person centered plan to be submitted by July 20 are considered revisions to the initial plan.
CBS TO CAP TRANSITION PLANS	Also, almost all of the MR2s had 2 dates listed as the approval date. Which date is to be used in calculating the expiration date, the date the psychologist approved it or the effective date?	The effective date is the appropriate date from which expiration is determined.
CBS TO CAP TRANSITION- PSYCHOLOGICALS	In the event that the LME does not receive the necessary clinical documentation (i.e., current psychological) by July 20 th , what steps are to be taken to end CAP-funded services? Do we follow the standard procedures for loss of eligibility where appropriate notice must be given? Will this situation be subject to appeal? Will the consumer be assumed to transition to Developmental Therapy immediately?	If an LME is unable to assist the individual/legally responsible person in obtaining needed psychological, please contact the Division. The intent is that no one will lose services during the transition.
CBS TO CAP TRANSITION- MR2/LEVEL OF CARE DETERMINATION	We have received several prior approved MR 2's for ICF Level of Care for consumers that have a NCSNAP score of 1 and a SNAP Index of 11. If this level of care is questionable to the LME, should we request a new MR 2 and go through the procedure for continued eligibility at the CNR or should I just let this go and let Value Options deal with it?	Determination of ICF-MR level of care is not based on the NC-SNAP. The intent of the NC-SNAP is to determine intensity or level of need for services/supports.
CBS TO CAP TRANSITION- PSYCHOLOGICAL	If the MR2 has been approved and prior approval number obtained and then an updated psychological is received, to whom is the psychological submitted? Murdoch?	No. If the MR2 has already been submitted and ICF-MR level of care determined, the LME should review the information and it be maintained in the consumer record.